

Applicant: Heinrich Becker, Esther Breuning, Arne Büsing, Aurélie Ludemann,
Corinna Leske, Hubert Spreitzer and Silke Türk

Group: 1796

Examiner: Liam J. Heincer

For: CONJUGATED POLYMERS CONTAINING
DIHYDROPHENANTHRENE UNITS AND USE THEREOF

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment for filing in the above-identified application.

- ☐ Small entity status of this application under 37 CFR 1.9 and 1.27 has been established by a Small Entity Statement previously submitted.
- ☐ A Small Entity Statement to establish small entity status under 37 CFR 1.9 and 1.27 is enclosed.

The claims fee has been calculated as shown below:

	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA
TOTAL	26	MINUS	* 36	
INDEP	1	MINUS	** 4	
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM				

SMALL ENTITY

	RATE	ADDIT. FEE
X	\$ 26	\$
X	\$ 110	\$
+	\$ 195	\$

TOTAL = \$ 0

OR

OTHER THAN
SMALL ENTITY

	RATE	ADDIT. FEE
X	\$ 52	\$
X	\$ 220	\$
+	\$ 390	\$

TOTAL = \$ 0

* not fewer than 20
** not fewer than 3

The Application Size Fee has been calculated as shown below:

(Effective for cases filed on or after December 8, 2004)

Actual Sheets (Including current amendment)	Highest No. of Sheets Paid For (At least 100)	No. of Additional Units Required (Increments of 50 sheets)
47	100	

SMALL ENTITY

Rate	Total Amount Owed
X \$135	\$[]

OTHER THAN
SMALL ENTITY

Rate	Total Amount Owed
X \$270	\$[]

Payment Sufficient for up to
100 Sheets

Petition for Extension of Time

- ☐ Applicant hereby petitions to extend the time to respond to the [] dated [] for [] month(s) from [] to []. The appropriate fee is set forth below.
- ☐ *[For action-specific language in an extension of time, select the appropriate option from the Firm Templates]*

<input type="checkbox"/>	Petition for [] month Extension of Time	\$ _____
<input type="checkbox"/>	Claims Fee	\$ _____
<input type="checkbox"/>	Application Size Fee	\$ _____
<input type="checkbox"/>	Other Fees:	_____
		\$ _____
		\$ _____
	TOTAL:	\$ 0

<input type="checkbox"/>	Petition for [] month Extension of Time	\$ _____
<input type="checkbox"/>	Claims Fee	\$ _____
<input type="checkbox"/>	Application Size Fee	\$ _____
<input type="checkbox"/>	Other Fees:	_____
		\$ _____
		\$ _____
	TOTAL:	\$ 0

Respectfully submitted,

By /N. Scott Pierce, Reg. No. 34900/
N. Scott Pierce
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Telephone (978) 341-0036
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Concord, Massachusetts 01742-9133
Dated: 9/17/09